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PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
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|                                                                                                                                                                                                                                                                                                                    |                               |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|
| <b>DECLARATION FOR UTILITY OR<br/>DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b><br><br><input checked="" type="checkbox"/> Declaration<br>Submitted<br>with Initial<br>Filing      OR <input type="checkbox"/> Declaration<br>Submitted after Initial<br>Filing (surcharge<br>(37 CFR 1.16 (e))<br>required) | <b>Attorney Docket Number</b> | 10001-29667         |
|                                                                                                                                                                                                                                                                                                                    | <b>First Named Inventor</b>   | W. Vincent Quintana |
|                                                                                                                                                                                                                                                                                                                    | <b>COMPLETE IF KNOWN</b>      |                     |
|                                                                                                                                                                                                                                                                                                                    | <b>Application Number</b>     | /                   |
|                                                                                                                                                                                                                                                                                                                    | <b>Filing Date</b>            | December 18, 2000   |
|                                                                                                                                                                                                                                                                                                                    | <b>Group Art Unit</b>         | Unknown             |
|                                                                                                                                                                                                                                                                                                                    | <b>Examiner Name</b>          | Unknown             |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus and Method for Using a Wearable Computer in Testing  
and Diagnostic Applications.

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                        |         |                                     |                          | YES                      | NO                       |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application<br>numbers are listed on a<br>supplemental priority data sheet<br>PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                          |                                                                                                                                                           |

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                               |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------|--------------|
| Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label                                                                                                                                                                                                                                                                                                                                                                                         |                | OR <input checked="" type="checkbox"/> Correspondence address below           |              |
| Name Mark P. Vrla                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                                               |              |
| Address Jenner & Block                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                                                               |              |
| Address One IBM Plaza                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                                                               |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Chicago        | State                                                                         | IL           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | ZIP                                                                           | 60611        |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | USA            | Telephone                                                                     | 312/222-9350 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | Fax                                                                           | 312/527-0484 |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> |                |                                                                               |              |
| NAME OF SOLE OR FIRST INVENTOR :                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |              |
| Given Name<br>(first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                        | W. Vincent     | Family Name<br>or Surname                                                     | Quintana     |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | Date                                                                          |              |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Bath           | State                                                                         | ME           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | Country                                                                       | USA          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | Citizenship                                                                   |              |
| Mailing Address 721 High Street                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                               |              |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                                                               |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Bath           | State                                                                         | ME           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | ZIP                                                                           | 04530        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | Country                                                                       | USA          |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |              |
| Given Name<br>(first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                        | F. Christopher | Family Name<br>or Surname                                                     | Mitchell     |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | Date                                                                          |              |
| 4846A South 28th Street                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                                               |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Arlington      | State                                                                         | VA           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | ZIP                                                                           | 22206        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                | Country                                                                       | USA          |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                |                |                                                                               |              |

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

|                                            |           |                                                                               |    |
|--------------------------------------------|-----------|-------------------------------------------------------------------------------|----|
| Name of Additional Joint Inventor, if any: |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |
| Given Name (first and middle (if any))     |           | Family Name or Surname                                                        |    |
| Benjamin J.                                |           | Albis                                                                         |    |
| Inventor's Signature                       |           | Date                                                                          |    |
| Residence: City                            | W. Bath   | State                                                                         | ME |
| Country                                    | USA       | Citizenship                                                                   |    |
| Mailing Address 602 Berryismill Road       |           |                                                                               |    |
| Mailing Address                            |           |                                                                               |    |
| City                                       | West Bath | State                                                                         | ME |
| ZIP                                        | 04530     | Country USA                                                                   |    |
| Name of Additional Joint Inventor, if any: |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |
| Given Name (first and middle (if any))     |           | Family Name or Surname                                                        |    |
| J. Scott                                   |           | Houston                                                                       |    |
| Inventor's Signature                       |           | Date                                                                          |    |
| Residence: City                            | Topsham   | State                                                                         | ME |
| Country                                    | USA       | Citizenship                                                                   |    |
| Mailing Address 18 Alphonse Drive          |           |                                                                               |    |
| Mailing Address                            |           |                                                                               |    |
| City                                       | Topsham   | State                                                                         | ME |
| ZIP                                        | 04086     | Country USA                                                                   |    |
| Name of Additional Joint Inventor, if any: |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |
| Given Name (first and middle (if any))     |           | Family Name or Surname                                                        |    |
|                                            |           |                                                                               |    |
| Inventor's Signature                       |           | Date                                                                          |    |
| Residence: City                            |           | State                                                                         |    |
| Country                                    |           | Citizenship                                                                   |    |
| Mailing Address                            |           |                                                                               |    |
| Mailing Address                            |           |                                                                               |    |
| City                                       |           | State                                                                         |    |
| ZIP                                        |           | Country                                                                       |    |

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